

**New Jersey Department of Health and Senior Services  
PUBLIC HEALTH PRIORITY FUNDING WORKSHEET**

Column I	Column II CY _____ Local Expenditures	Column III CY _____ Local Expenditures	Column IV CY _____ Approved Local Budget
Provider	\$	\$	\$
Participating Municipalities			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
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24			
25			
26			
27			
28			
29			
30			
<b>TOTALS</b>	\$	\$	\$

**Certification**

The applicant certifies that to the best of his/her knowledge and belief all data supplied in this worksheet is true and correct.

Name of Health Officer or Other Individual Designated by Official Body (Print)	Title	
Signature	Date	